



Spotlight on Progress: Workforce Development

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (Division) implemented the State Strategic Plan 2007–2010 with two objectives on workforce development:

- **Establish and support a stable and high quality provider system with adequate number and choice of providers of desired services.**
- **Improve consumer outcomes related to education and employment.**



North Carolina Department of Health and Human Services | Division of Mental
Health | Developmental Disabilities | Substance Abuse Services





This Spotlight on Progress addresses the progress made in workforce development including the 2008 Workforce Development Plan; training curriculum for peer support specialists; professional workforce expansion; collaborative training partnerships; and competency-based curriculum training.

Workforce Development Initiative

In April 2008, the NC Commission for Mental Health, Developmental Disabilities and Substance Abuse Services (Commission) and the Division jointly released and presented to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services The Workforce Development Initiative with 12 recommendations in three areas: structures to support the workforce, broadening the concept of workforce, and strengthening the workforce (<http://www.ncdhhs.gov/mhddsas/statpublications/reports/workforcedevelopment-4-15-08-initiative.pdf>).

The Commission and Division formed a Staff Qualifications Workgroup to review and make recommendations on the current rules for qualified professionals, associate professionals and paraprofessionals. To achieve a competency-based system of



**As of
February 12, 2010
there were 126 peer
support specialists
certified in the state.**

care, the workgroup established five phases: 1) develop a core competency model; 2) develop assessment model and tools to evaluate competence; 3) develop standardized curriculum and training modules; 4) develop a credentialing system; and 5) develop specialty competencies.

The workgroup completed development of the core competency model after reviewing community-based positions using national competencies as the primary standard. The competency-based system can be applied to paraprofessionals, associate professionals, qualified professionals, and licensed professionals. Currently, the workgroup is developing behavioral descriptors of the competencies that will demonstrate whether someone has met the skill standard. Future plans for the workgroup include developing an assessment tool for credentialing purposes; a credentialing mechanism; training curricula; or any specialized competency determined to be appropriate.

Peer Support Specialists

Peer support specialists are people who have experienced mental or substance abuse issues and are interested in helping others with similar difficulties, by listening empathetically, sharing their experiences and offering suggestions. Peer support specialists are uniquely able to help others like themselves.

<http://bhrp.sowo.unc.edu/index.php?q=psshome/certification>.



Two years ago a panel established by the Division and Behavioral Healthcare Resource Program of the University of North Carolina at Chapel Hill worked with Castle Worldwide, a certification and licensure testing company, to identify the critical areas for peer support specialists. The panel developed curriculum guidelines for peer support specialist training. In June 2009, the Division released the standards to train peer support specialists and increase the numbers of certified peer support specialists in the state (<http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/dmadmh6-1-09update57.pdf>). The curriculum standards are used by the Division and Behavioral Healthcare Resource Program for approval of any peer support specialist training. Only graduates of training programs with curricula approved by the Division using this process are eligible to apply for certification as a peer support specialist, and providers receive Medicaid reimbursement for certified peer support services (<http://www.dhhs.state.nc.us/dma/csupport/CsupportPeerServDef.pdf>). The Behavioral Healthcare Resource Program also assists individuals become certified peer support specialists in North Carolina

Professional Workforce Expansion

To help fill the needs of the underserved in the state, the Division has provided funds for tuition assistance in the psychiatric mental health nurse practitioner program at the University of North Carolina at Chapel Hill School of Nursing since 2005 (<http://nursing.unc.edu/degree/postmsn/pmh.html>). Through this program, 46 students received



financial assistance from state monies and 70% (32 out of 46) have become employed with providers approved by local management entities. The remaining students (30%) chose to work for large health care systems or private practices that also care for the underserved although they are not local management entities or their providers.

First Level Commitment Pilot Program

The process of involuntary commitment of an individual to a psychiatric hospital involves a “first level” examination by a physician or an eligible psychologist in a community setting. A psychiatrist at the state psychiatric hospital then conducts a “second level” examination to confirm the need for involuntary commitment.

In June 2003, the North Carolina legislature passed Session law 2003-178 (House Bill 883) directing the Secretary of the Department of Health and Human Services to develop a pilot program initially allowing up to five local management entities to waive the current general statutes to allow Masters level professionals, in addition to physicians/psychiatrists and eligible psychologists, to conduct the first level examinations for involuntary commitments. This waiver was established to evaluate whether licensed Master’s level professionals could perform the initial examination for involuntary commitment as competently as physicians/psychiatrists and eligible psychologists. In October 2007, the General Assembly extended a legislative waiver to five additional local management entities and requested the Division redesign an



evaluation to obtain conclusive results that address the establishing legislation (Session Law 2007-504, House Bill 627).

The First Level Commitment Pilot Program evaluated the competency of Master's level professionals - Licensed Clinical Addiction Specialists (LCAS) and Licensed Clinical Social Workers (LCSW) - to review and recommend appropriate outcomes for 189 individuals under a commitment petition for involuntary commitment from October 2008 to April 2009. The study found statistically significant evidence to suggest Master's level staff make very similar decisions pertaining to the first level evaluations for involuntary commitment to those made by physicians/psychiatrists and psychologists eligible to make determinations under statute, waiver aside. The study did not find evidence Master's level staff released people when they should have been committed. The study recommends LCASs and LCSWs be allowed to perform first level commitment examinations statewide. The General Assembly in the last session (2009) agreed to add a third group of five local management entities to the waiver to expand the project.

Collaborative Partnerships

The North Carolina Justice Academy, a division of the North Carolina Department of Justice, provides courses for law enforcement agencies. Staff from DMH/DD/SAS helps develop and write course content, and conduct courses covering mental health, developmental disabilities, and substance abuse areas such as autism, Crisis Intervention Team (CIT) training, and long-term care facilities. The training sessions provide law

enforcement personnel with the knowledge, communication techniques, and methods to manage challenges. The training also describes symptoms of mental illness that officers may encounter; rationale for de-stigmatization of persons with mental illness; and how to get information, de-escalate conflict, and engage persons with mental illness.

Spotlight on CIT - At the end of 2009, a survey was conducted of the existing 18 Crisis Intervention Team (CIT) programs in North Carolina. Since 2005 a total of 2,135 law enforcement officers have been certified for the Crisis Intervention Team and 149 law enforcement agencies participate in the Crisis Intervention Team program. In 2009, an additional 910 officers became Crisis Intervention Team certified and an additional 51 law enforcement agencies began participating in a Crisis Intervention Team program.



Competency-based Curriculum for Mental Health Professionals

Both community colleges and universities are key players in addressing workforce challenges such as professional training, recruitment and retention, cultural and linguistic diversity, and development of paraprofessional or direct support workers. Establishing a competency-based training system for paraprofessionals will improve the state's workforce. In 2009 Wayne Community College in Goldsboro collaborated with the Division and the Division of State Operated Healthcare Facilities of the NC Department of Health and Human Services to restructure a competency-based training



program for health care technicians who work in state facilities and group settings. The curriculum meets the standards and competencies expected for a Health Care Technician I and II at state facilities. This initiative helps fill vacant state psychiatric hospital jobs; employ displaced and unemployed workers especially in rural areas; create more jobs with higher salaries, good living wages, and employee benefits; recruit high school graduates into health care service; and reduce job loss at state psychiatric hospitals. Plans call for the program to expand to other community colleges.

Workforce development encompasses education, training, economy, policy, and research. Substance Abuse and Mental Health Services Administration (SAMHSA) also has released several workforce development documents for discussions and actions in workforce development (http://www.samhsa.gov/matrix2/matrix_workforce.aspx). Individuals often develop new skills by integrating training efforts through established workforce development programs rather than creating new and/or separate training programs. The Division and other stakeholders continue to focus on how agencies, organizations, and schools/colleges prepare individuals to enter or re-enter the workforce and improve workplace performance. ■



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